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ABSTRACT

School counselors and school personnel have a vital role in three areas of suspected child abuse and neglect: (1) as frontline professionals in the process of identification; (2) as persons required to report suspected abuse or neglect; and (3) as contributors to the treatment process. Signs of child maltreatment are described with reference to identification. Some pointers are given for interviewing the child. The process of reporting is reviewed. And the role of the school in intervention with the child is discussed. Among the range of possible strategies are providing the child alternative adult role models, nurturance and affection; remedial programs; and individual counseling. Counselors can monitor the child's condition and may be able to play the role of advocate for the child or family. What the school counselors could do and what they actually do depends on the resources available and on what they and administrators think appropriate. (Author/JEL)

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INTERVENTION STRATEGIES FOR SCHOOL COUNSELORS IN CHILD ABUSE & NEGLECT

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INTRODUCTION

What are intervention strategies school counselors and school personnel might use in situations of suspected child abuse and neglect? I want to talk about three areas where you, as school counselors, can have a vital role: 1) as frontline professionals in the process of identification; 2) as persons required to report suspected abuse or neglect; and 3) as contributors to the treatment process.

IDENTIFICATION

Concerning identification, I want to talk about two things: signs of child maltreatment and how to interview a child whom you think has been abused or neglected. Signs of maltreatment may be found either in the physical condition of the child or in her/his behavior.

Certain types of injuries are more likely to be inflicted than accidental; bruises, cuts or scrapes which are on soft rather than bony body surfaces are cause for concern. When a child falls, s/he is likely to hurt the knees, shins, elbows, or chin. In contrast, if someone purposefully strikes a child, the target area is more often the buttocks, back of the thighs, back, cheeks, or possibly the head. Also, injuries on more than one body surface are suspect. If a child falls, the major impact is usually on one body surface. Let me give you an example from my own clinical work. I saw a two year old last week for evaluation,who had bruises and cuts on both sides of her face and ears. I could confirm her mother's suspicion that she was being mistreated at the baby-sitter's.

In addition, if you see injuries on a child that are in unusual shapes, you should consider abuse. Long, thin marks may be caused by a beating with a belt, or you may note an injury in the shape of a belt buckle. Similarly, crescent shaped bruises or swellings may be caused by a whipping with a rope, cord, or belt,where the perpetrator held it by both ends in order to deal a more powerful blow. Finally, small circular burns may have been inflicted by a cigarette.

Because of the clothing a child wears, her/his injuries may not be noticeable. However, s/he may move slowly, not want to play at recess, or show other

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evidence of soreness. These signs may be indications of beating, or even broken bones. These children may wear clothing too heavy for the weather or they may be reluctant to change their clothing for gym because they wish to hide their injuries.

Children who are neglected, rather than abused, may come to school with clothing inadequate for the weather, persistently fail to bring lunch, or always seem hungry. Similarly, they may show obvious signs of lack of medical or dental care such as chronic, severe colds or persistent broken or rotting teeth. However, you should be somewhat cautious in interpreting these signs of neglect, as they may be more directly, indications of poverty.

Finally thinness or short stature are suggestive of either nutritional or emotional deprivation (or both). Nutritional deprivation may result from a conscious or even unconscious punitive act against a child. However, as with the conditions just mentioned, the nutritional deprivation may be secondary to poverty. We are now realizing that emotional deprivation and abuse can have a similar effect. Children may actually stop growing because of how they are treated. In babies, the condition is called nonorganic failure to thrive (in 3/4 of the cases of failure to thrive, the cause is organic). These babies fail to grow or gain weight. In older children we see a condition called psychosocial dwarfism. These children are much shorter than they should be for their age, but usually have weight appropriate to their height. The condition can be quite dramatic. I recently interviewed a little girl both of whose parents were retarded to the point that they could not respond to her emotional needs nor cognitively stimulate her. Although she was seven, she was the size of a three year old.

In many cases, maltreatment is accompanied by abnormal behavior on the part of the child, and there will be numerous instances where the only sign you have that something is wrong at home is the child's behavior at school. Maltreated children may come to school early and/or stay late because the school setting is more nuturant than home. The deficiency in the home may result from acts of commission (abuse) or omission (neglect). Also you should be concerned if a child is unduly tired of falls asleep at school, for this may mean that s/he inadequately supervised at home and thus does not get enough sleep.

Children who are abused may exhibit either wariness of adults or excessive friendliness to them. It seems as though some children openly show their feelings about adults, whereas others are excessively friendly to forestall attack, believing the best defense is a good offense. I had this dramatically demonstrated

to me during the summer when we had a 2 year old brother and his 3 year old sister both hospitalized for protection because of daily beatings with a belt by their parents. When I went into their hospital room to talk to them, the little girl looked warily out from the corner by the bed while her little brother came quickly to me, a perfect stranger, with an ingratiating smile on his face.

Similarly abused and neglected children may be passive and withdrawn or, alternatively they may be aggressive and acting out. They are passive because in their homes initiative and activity may be punished, or they may be neglected to the point they become apathetic.

Research studies have demonstrated that agression breeds aggression. Thus children who are mistreated at home, but who dare not retaliate against parents, may be bullies in the school environment.

Hyperactivity may have many causes, but there are at least three ways it may be related to maltreatment at home. The child may have received a head injury in infancy which resulted in brain damage, which in turn is the cause of hyperactive behavior. Alternatively, a child's anxiety level may be high because of how he is treated at home, and this anxiety gets expressed in hyperactive behavior. Or hyperactivity may be a consequence of there being no controls on the child's behavior at home.

Finally, we know that abuse and neglect may lead to developmental and learning lags. One research study has shown that abused children are, on the average, six months behind in development. In very young children, the problems are manifested in speech and gross motor development. To illustrate, I am working with a family who have a little boy 2 years 3 months old, who learned to walk at 2 years and only has one word. He is also the size of a nine month old. In older children, you are more likely to see speech disabilities, reading problems, and inability to concentrate.

It should be noted that with the behavioral problems seen in maltreated children, it is sometimes difficult to tell whether the behavior is a consequence or the cause of abuse or neglect. I should also caution you that there are other possible causes of these maladaptive behaviors, particularly of hyperactivity and aggression. Therefore, while you should consider maltreatment as its source, you should not immediately conclude the child is abused or neglected.

Rather the next step for you in your roles in the school setting is to interview the child. I would like to offer you some pointers about this interview. First, it should be done in a place where you and the child can have privacy and will not be interrupted. You should be honest and straightforward about your concerns when

talking with the child. You might say, "Johnny, I noticed that big bruise on your face and was wondering how it happened."

Be alert for explanations which do not fit the child's injury or condition, and it may be appropriate to bring such discrepancies to the child's attention. However, remember that the interview is not an interrogation. Therefore, if the child insists on an unlikely explanation, it is not necessary to persist and get all the facts. In order to make a report to Protective Services, you need only have "reasonable cause to suspect abuse or neglect." The child may be protecting his parents or caretaker. Usually, despite maltreatment, the child loves its parents, or s/he may fear retaliation at home.

Alternatively, especially with adolescents, the child may exaggerate or distort the maltreatment he has experienced. Thus, last week I was interviewing a 16 year old girl who came to the emergency room with a broken arm she said her mother had inflicted. Later when I talked to her mother, I discovered she was 30 pounds lighter than her daughter and bruised from head to foot from the encounter.

There will be some situations where you may want to interview the parents before making a decision about reporting. This is particularly the case when the cause for your concern has been the child's behavior not its physical condition. However, this decision must depend upon the circumstances. In most cases, you will want to leave the major part of the investigation to Protective Services.

If you decide you have a situation which you must report, be honest with the child. Tell her/him that you are obligated to report the incident to Protective Services and what to expect from them in terms of investigation and intervention.

REPORTING

I will review the process of reporting with you: As school personnel you must report suspected cases of abuse and neglect verbally to Protective Services within 24 hours, and in writing within 72 hours on form 3200. Although you must only report the bare details, it is my experience that the more information and details you share, the more reciprocal sharing you inspire. In addition, although you can keep your identity confidential, for many reasons I feel that we as professionals should tell not only Protective Services who we are when we report but we should also be honest with the families. Further, the law states you are immune from suit if you report. Moreover, you are liable for proximate damages to the child if you fail to do so.

Despite these provisions in the law, many professionals are reluctant to report. You may feel you are betraying the child. Or, if you have had extensive and productive contact with the parents, you may feel that you are betraying the parents. A very real concern may be that you will no longer be able to work with the parents if you report them. Moreover, you may worry about retaliation against the child.

We have some interesting findings from clinical practice about these concerns. First, although reporting may produce temporary difficulties in working with the family, in the long run, it clears the air and leads to productive intervention. Further, although reporting may make parents angry at the reporter; make them fearful of losing the child; or generally upset, it does not usually lead to a further attack on the child. In contrast many parents are relieved that the situation has come to the attention of helping persons. In other cases, rather than additional maltreatment, reporting causes greater care in handling the child because the parents know authorities are monitoring their behavior.

In some instances, the reporter may fear physical harm from the perpetrators of the abuse or neglect. Such violence rarely occurs, but if you fear for your safety call the police. There are other situations when the parents may have considerable power in the community and may attempt to get the reporting person fired, or may try to damage the school, or school system in some manner. In instances like these, you or your school may suffer, although you will probably have some recourse within the community. Nevertheless, for ethical reasons if necessary, such an attack must be endured.

Finally some professionals may be reluctant to report because they don't think Protective Services will do anything; thus they have exposed themselves and the families they report to no productive end. I must be honest and state that the quality of Protective Services varies from county to county. Nationally and on the state level, we have had considerable improvement in reporting mechanisms, but without parallel advancement in treatment facilities. Further, the willingness of the community to commit resources for abuse and neglect plays a crucial role in the quality of services available. These considerations aside, failure to report will not improve the effectiveness of services. Only with the pressure caused by families in need of intervention, will services be enhanced.

INTERVENTION

Once a case of suspected abuse and neglect has been reported to Protective Services, they have primary responsibility for investigating the allegation and making a plan for intervention with the family. However, the school may play a vital and primary role in intervention, especially with reference to the child. Most of the intervention implemented by Protective Services is focused on the parents, improving their ecomonic and social situation, their behavior toward the child, and their psychological functioning. Very little is focused directly upon the child.

Aside from her/his family, a child's school is the institution which has the greatest influence on her/him. The child spends more time at school than any other place except at home. Therefore, the school is in a unique position for helping the child and can do so in several ways.

First you can provide the child with alternative adult role models. You can meet the child's needs for nurturance and affection. In addition, you can provide an alternative model for reasonable adult behavior and fair child management. It is a good idea for all school personnel involved to coordinate their approach to such a child so that s/he also experiences consistency, particularly when the child has exhibited behavior and academic problems.

Second, because many abused and neglected children have developmental lags, they need remedial programs of the kind which are ideally provided by the school system. Such services as speech therapy, remedial reading, and special help in math can be built into the child's school program.

Third, because the child is at school five days a week for several hours, school personnel are in a good situation to monitor the condition of the child. A treatment agency, or even Protective Services, is not likely to see the child more than once a week, and thus might miss something the school can pick up. School personnel should become skilled at observing the child's physical condition sensing her/his emotional state and learning about changes in the home situation.

Fourth, as school counselors, you may be able to offer counseling services to the family. Because the nature of counselor roles varies from school district to school district, some of you will be more capable of providing such services than others. Hopefully you will be able to offer individual counseling to maltreated children. Often no other treatment is available to the child in the community. In providing counseling you would employ the skills you use all the

time with children. You would pursue such goals as helping them to deal with their feelings about what has happened and is happening to them, and establishing more appropriate relationships with their parents.

Some of you offer group counseling to students and abused and neglected children are quite appropriate candidates for groups. Group counseling offers these children benefits beyond those they can get from individual treatment. Groups help to combat their sense of isolation and help them make friends. Frequently maltreated children feel that they are the only ones who have problems. Also because of their abnormal behavior, they may have few friends.

In some situations, you may be able to offer family counseling. Your ability will depend upon a number of factors: the school district's resources and priorities, your counseling skills, and your relationship with the family. More frequently, treatment to the parents or family will be the province of other agencies in the community.

Finally, the school or its personnel may play the role of advocate for the child or the family. You may be aware that the child (or its family) needs services beyond what can be furnished by the school or beyond what they are getting from other agencies. Moreover, you may feel that Protective Services or the court is not acting in the child's or family's best interests. You can then approach Protective Services or relevant community agencies to advocate on the family's behalf. In other situations, you may have to appear in court to testify as a witness or an expert witness in order to get a fair hearing for your point of view.

CONCLUSION

What I have just outlined for you is what seems to me to be the full range of possible strategies school counselors and other school personnel can employ in the area of child abuse and neglect. What you are able to do and actually do will depend very much on the resources available to you in your school districts and what you and the administration in your districts think appropriate. However, I hope at least I have offered you some ideas for thought.